

Label (See instructions on page 14.) Use the IRS label. Otherwise, please print or type.

For the year Jan. 1-Dec. 31, 2009, or other tax year beginning , 2009, ending , OMB No. 1545-0074

Your first name and initial SCOTT M **Last name** STRINGER **Your social security number**

If a joint return, spouse's first name and initial **Last name** **Spouse's social security number**

Home address (number and street). If you have a P.O. box, see page 14. 326 COLUMBUS AVENUE **Apt. no.** 4G **You must enter your SSN(s) above.**

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. NEW YORK NY 10023 **Checking a box below will not change your tax or refund.**

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) ☒ You ☐ Spouse

Filing Status

1 ☒ Single 4 ☐ Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here.

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here.

5 ☐ Qualifying widow(er) with dependent child (see page 16)

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☐ Spouse

c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ☒ If qualifying child for child tax credit (see page 17)

Boxes checked on 6a and 6b No. of children on 6c who: ☒ lived with you ☒ did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above

Add numbers on lines above 1

d **Total number of exemptions claimed** 1

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 STMT. 1. 144,847.

8a Taxable interest. Attach Schedule B if required 151.

b Tax-exempt interest. Do not include on line 8a 8b

9a Ordinary dividends. Attach Schedule B if required 1.

b Qualified dividends (see page 22). STMT. 2. 1.

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 286.

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions. 15a b Taxable amount (see page 24) 15b

16a Pensions and annuities. 16a 35,339. b Taxable amount (see page 25) 16b NONE

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation in excess of \$2,400 per recipient (see page 27)

20a Social security benefits. 20a b Taxable amount (see page 27) 20b

21 Other income. List type and amount (see page 29) 21

22 Add the amounts in the far right column for lines 7 through 21. This is your total income 145,285.

Adjusted Gross Income

23 Educator expenses (see page 29) 23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24

25 Health savings account deduction. Attach Form 8889 25

26 Moving expenses. Attach Form 3903 26

27 One-half of self-employment tax. Attach Schedule SE 27

28 Self-employed SEP, SIMPLE, and qualified plans 28

29 Self-employed health insurance deduction (see page 30) 29

30 Penalty on early withdrawal of savings 30

31a Alimony paid b Recipient's SSN ☐ 31a

32 IRA deduction (see page 31) 32

33 Student loan interest deduction (see page 34) 33

34 Tuition and fees deduction. Attach Form 8917. 34

35 Domestic production activities deduction. Attach Form 8903 35

36 Add lines 23 through 31a and 32 through 35 36

37 Subtract line 36 from line 22. This is your adjusted gross income 145,285.

Tax and Credits**Standard Deduction for -**

● People who check any box on line 39a, 39b, or 40b or who can be claimed as a dependent, see page 35.

● All others:
Single or Married filing separately, \$5,700

Married filing jointly or Qualifying widow(er), \$11,400

Head of household, \$8,350

38	Amount from line 37 (adjusted gross income)	38	145,285.
39a	Check ☐ You were born before January 2, 1945, ☐ Blind. ☐ Spouse was born before January 2, 1945, ☐ Blind. Total boxes checked ☐ 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here ☐ 39b		
40a	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40a	15,329.
b	If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see page 35) ☐ 40b		
41	Subtract line 40a from line 38	41	129,956.
42	Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see page 37	42	3,650.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	126,306.
44	Tax (see page 37). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972	44	29,085.
45	Alternative minimum tax (see page 40). Attach Form 6251	45	NONE
46	Add lines 44 and 45	46	29,085.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 29	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see page 42)	51	
52	Credits from Form: a ☐ 8396 b ☐ 8839 c ☐ 5695	52	
53	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	29,085.

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59	Additional taxes: a ☐ AEIC payments b ☐ Household employment taxes. Attach Schedule H	59	
60	Add lines 55 through 59. This is your total tax	60	29,085.

Payments

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	31,136.
62	2009 estimated tax payments and amount applied from 2008 return	62	NONE
63	Making work pay and government retiree credits. Attach Schedule M	63	
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election	64b	
65	Additional child tax credit. Attach Form 8812	65	
66	Refundable education credit from Form 8863, line 16	66	
67	First-time homebuyer credit. Attach Form 5405	67	
68	Amount paid with request for extension to file (see page 72)	68	
69	Excess social security and tier 1 RRTA tax withheld (see page 72)	69	
70	Credits from Form: a ☐ 2439 b ☐ 4136 c ☐ 8801 d ☐ 8885	70	
71	Add lines 61, 62, 63, 64a, and 65 through 70. These are your total payments	71	31,136.

Refund

Direct deposit? See page 73 and fill in 73b, 73c, and 73d, or Form 8888.

72	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid	72	2,051.
73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here ☐	73a	2,051.
b	Routing number		
c	Checking ☐ Savings ☐		
d	Account number		
74	Amount of line 72 you want applied to your 2010 estimated tax	74	NONE

Amount You Owe

75	Amount you owe. Subtract line 71 from line 60. For details on how to pay, see page 74	75	
76	Estimated tax penalty (see page 74)	76	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 75)? ☒ Yes. Complete the following. ☐ No

Designee's name	Phone no.	Personal identification number (PIN)
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Sign Here

Joint return? See page 15. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	BOROUGH PRESIDENT Spouse's occupation	

Paid

Preparer's signature	Date	Check if self-employed ☐	Preparer's SSN or PTIN
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Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP code	EIN
CORNICK, GARBER & SANDLER, LLP 825 THIRD AVENUE, 4TH FL NEW YORK NY 10022-9524	13-2620561 212-557-3900

Before you begin: ✓ See the instructions for line 44 that begin on page 37 to see if you can use this worksheet to figure your tax.
 ✓ If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Form 1040.

1. Enter the amount from Form 1040, line 43. However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the worksheet on page 38 1. 126,306.
2. Enter the amount from Form 1040, line 9b* 2. 1.
3. Are you filing Schedule D?
 - ☐ Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or line 16 is a loss, enter -0- 3. _____
 - ☒ No. Enter the amount from Form 1040, line 13 3. _____
4. Add lines 2 and 3 4. 1.
5. If you are claiming investment interest expense on Form 4952, enter the amount from line 4g of that form. Otherwise, enter -0- 5. _____
6. Subtract line 5 from line 4. If zero or less, enter -0- 6. 1.
7. Subtract line 6 from line 1. If zero or less, enter -0- 7. 126,305.
8. Enter the smaller of:
 - The amount on line 1, or
 - \$33,950 if single or married filing separately,
\$67,900 if married filing jointly or qualifying widow(er),
\$45,500 if head of household.
 8. 33,950.
9. Is the amount on line 7 equal to or more than the amount on line 8?
 - ☒ Yes. Skip lines 9 and 10; go to line 11 and check the "No" box.
 - ☐ No. Enter the amount from line 7, 9. _____
10. Subtract line 9 from line 8 10. _____
11. Are the amounts on lines 6 and 10 the same?
 - ☐ Yes. Skip lines 11 through 14; go to line 15.
 - ☒ No. Enter the smaller of line 1 or line 6 11. 1.
12. Enter the amount from line 10 (if line 10 is blank, enter -0-) 12. _____
13. Subtract line 12 from line 11 13. 1.
14. Multiply line 13 by 15% (.15) 14. _____
15. Figure the tax on the amount on line 7. Use the Tax Table or Tax Computation Worksheet, whichever applies 15. 29,085.
16. Add lines 14 and 15 16. 29,085.
17. Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever applies 17. 29,086.
18. Tax on all taxable income. Enter the smaller of line 16 or line 17. Also include this amount on Form 1040, line 44. If you are filing Form 2555 or 2555-EZ, do not enter this amount on Form 1040, line 44. Instead, enter it on line 4 of the worksheet on page 38 18. 29,085.

*If you are filing Form 2555 or 2555-EZ, see the footnote in the worksheet on page 38 before completing this line.

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2009

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040.**

▶ **See Instructions for Schedule A (Form 1040).**

Name(s) shown on Form 1040

Your social security number

SCOTT M STRINGER

**Medical
and
Dental
Expenses**

Caution. Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see page A-1) 1
- 2 Enter amount from Form 1040, line 38 2
- 3 Multiply line 2 by 7.5% (.075) 3
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- 4

**Taxes You
Paid**

(See
page A-2.)

- 5 State and local (check only one box):
- a ☒ Income taxes, or STMT. 4.
- b ☐ General sales taxes
- 6 Real estate taxes (see page A-5) 6
- 7 New motor vehicle taxes from line 11 of the worksheet on back. Skip this line if you checked box 5b 7
- 8 Other taxes. List type and amount ▶ 8
- 9 Add lines 5 through 8 9

15,329.

15,329.

**Interest
You Paid**

(See
page A-6.)

- 10 Home mortgage interest and points reported to you on Form 1098 10
- 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-7 and show that person's name, identifying no., and address ▶ 11
- 12 Points not reported to you on Form 1098. See page A-7 for special rules 12
- 13 Qualified mortgage insurance premiums (see page A-7) 13
- 14 Investment interest. Attach Form 4952 if required. (See page A-8.) 14
- 15 Add lines 10 through 14 15

**Gifts to
Charity**

If you made a
gift and got a
benefit for it,
see page A-8.

- 16 Gifts by cash or check. If you made any gift of \$250 or more, see page A-8. 16
- 17 Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500 17
- 18 Carryover from prior year 18
- 19 Add lines 16 through 18 19

**Casualty and
Theft Losses**

- 20 Casualty or theft loss(es). Attach Form 4684. (See page A-10.) 20

**Job Expenses
and Certain
Miscellaneous
Deductions**

(See
page A-10.)

- 21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-10.) ▶ 21
- 22 Tax preparation fees 22
- 23 Other expenses - investment, safe deposit box, etc. List type and amount ▶ 23
- 24 Add lines 21 through 23 24
- 25 Enter amount from Form 1040, line 38 25
- 26 Multiply line 25 by 2% (.02) 26
- 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- 27

**Other
Miscellaneous
Deductions**

- 28 Other - from list on page A-11. List type and amount ▶ 28

**Total
Itemized
Deductions**

- 29 Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)?
- ☒ No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40a. } ▶
- ☐ Yes. Your deduction may be limited. See page A-11 for the amount to enter.
- 30 If you elect to itemize deductions even though they are less than your standard deduction, check here ☐

15,329.

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2009

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

▶ See instructions on back.

OMB No. 1545-0074

2009

Attachment
Sequence No. **08**

SCOTT M STRINGER

Your social security number

Part I
Interest

(See instructions
on back and the
instructions for
Form 1040A, or
Form 1040,
line 8a.)

Note. If you
received a Form
1099-INT, Form
1099-OID, or
substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the total interest
shown on that
form.

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶

JPMORGAN CHASE BANK, N. A.

M&T BANK

Amount

118.

33.

1

- 2 Add the amounts on line 1
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶

151.

2

3

4

151.

Note. If line 4 is over \$1,500, you must complete Part III.

Amount

Part II
Ordinary Dividends

(See instructions
on back and the
instructions for
Form 1040A, or
Form 1040,
line 9a.)

Note. If you
received a Form
1099-DIV or
substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the ordinary
dividends shown
on that form.

- 5 List name of payer ▶
PUTNAM GROWTH OPPORTUNITY FUND

1.

5

- 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶

1.

6

Note. If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign Accounts and Trusts

(See
instructions on
back)

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

- 7a At any time during 2009, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions on back for exceptions and filing requirements for Form TD F 90-22.1

- b If "Yes," enter the name of the foreign country ▶

- 8 During 2009, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back

For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.

Schedule B (Form 1040A or 1040) 2009

SCOTT M STRINGER

SUPPLEMENT TO FORM 1040

SOURCES OF COMPENSATION

OWNER- SHIP	DESCRIPTION	TOTAL WAGES	FEDERAL WITHHELD	SOC. SEC. WITHHELD	MEDICARE WITHHELD
	WAGES				
T	THE CITY OF NEW YORK	144,536.	31,103.	6,622.	2,306.
	TOTAL - WAGES	144,536.	31,103.	6,622.	2,306.
T	NYC EMPLOYEES RETIREMENT	311.			
	TOTAL - RETIREMENT	311.			
	WITHHOLDING FROM 1099-R DISTRIBUTIONS				
T	NYC EMPLOYEES RETIREMENT SYSTE		31.		
	TOTAL		31.		
	WITHHOLDING FROM 1099-INT		2.		
	GRAND TOTAL	144,847.	31,136.	6,622.	2,306.

OWNER- SHIP	WITHHOLDING FROM WAGES	STATE WITHHELD	CITY/LOCAL WITHHELD
T	THE CITY OF NEW YORK	9,896.	5,433.
	TOTAL WITHHOLDING FROM WAGES	9,896.	5,433.

STATEMENT 1

SCOTT M STRINGER

SUPPLEMENT TO FORM 1040

QUALIFIED DIVIDENDS

QUALIFIED DIVIDENDS FROM FORM 1099

PUTNAM GROWTH OPPORTUNITY FUND

1.

TOTAL FORM 1099 QUALIFIED DIVIDENDS

1.

TOTAL TO 1040, LINE 9B

1.

PENSIONS AND ANNUITIES

OWNER-
SHIP

DESCRIPTION

TOTAL
RECEIVED

TAXABLE
PORTION

T NEW YORK STATE DEFERRED COMP

35,339.

NONE

TOTAL (FORM 1040, PAGE 1, LINE 16)

35,339.

NONE

SCOTT M STRINGER

SUPPLEMENT TO FORM 1040

=====

PENSION/ANNUITY DETAIL

NAME OF PAYER: NEW YORK STATE DEFERRED COMP

PENSION/ANNUITY DISTRIBUTION	35,339.
LESS: TAX-FREE ROLLOVERS	35,339.
LESS: CAPITAL GAIN PORTION OF DISTRIBUTION	
LESS: TAX-FREE EXCHANGE	
LESS: EMPLOYEE CONTRIBUTION	

TAXABLE AMOUNT OF DISTRIBUTION

NONE
=====

SCOTT M STRINGER

SUPPLEMENT TO SCHEDULE A

=====

STATE AND LOCAL INCOME TAXES

TAXES WITHHELD

EST. TAX AND EXTENSION PMTS

TOTAL TO SCHEDULE A, LINE 5

STATE

9,896.

NONE

9,896.
=====

CITY/LOCAL

5,433.

5,433.
=====